

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date      |
|----------|-----------|
| Final    |           |
| Original |           |
| 1        | ✓ 9/1/09  |
| 2        | ✓ 11/9/02 |
| 3        | ✓ 1/31/03 |
| 4        | ✓ 6/17/03 |
| 5        |           |
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| 8        |           |
| 9        |           |
| 10       | ✓ ✓ ✓ ✓   |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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